

FBC Transfer In / Rollover In Request Form



Employee Instructions	The FBC Transfer In / Rollover In Request Form is to be used to Transfer, Exchange or Rollover eligible retirement plan assets to the FBC Nationwide Retirement Program. Please complete all of the steps outlined below. Upon completion, submit the <u>original</u> form to the Fringe Benefits Consortium.		Fringe Benefits Consortium 6401 Linda Vista Road Room 506 San Diego, CA 92111						
Step 1	Participant Name		Social Security Number						
Employee Information	Participant Mailing Address <small>(Street)</small>		E-Mail Address						
	<small>(City, ST ZIP)</small>	Home Phone Number	Work Phone Number						
	School District (Employer)		Name of Financial Representative / Broker						
Step 2	Please complete the following:								
Prior Account Information	<input type="checkbox"/> 100% Account Transfer Estimated Account Value \$ _____ <input type="checkbox"/> Partial Account Transfer Partial Transfer Amount \$ _____ or _____ % Type of account being transferred: <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____								
	Prior Vendor Name		Prior Vendor Phone Number						
	Prior Vendor Address <small>(Street)</small> <small>(City, ST ZIP)</small>		Account Number of Account Being Transferred						
Step 3	Please complete the following:								
Prior Plan Information	<input type="checkbox"/> Yes <input type="checkbox"/> No Were the assets, which are being transferred, accumulated under a 403(b) or 457(b) Plan, other than your current employer's 403(b) or 457(b) Plan? If "Yes", answer the following questions. If "No" continue to step 4: <input type="checkbox"/> Yes <input type="checkbox"/> No Are the assets subject to any other distribution restrictions?* If "yes", please explain: _____ Name of Prior Employer: _____ Date of Termination: _____ *Check with your Previous Employer								
Step 4	The transferred assets will be deposited into your Nationwide account and invested according to your existing account allocations unless you specify other allocations below.								
Asset Allocation	Specific Fund Allocations: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: right;">%</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: right;">%</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: right;">%</td> </tr> </table>			_____	%	_____	%	_____	%
_____	%								
_____	%								
_____	%								
Step 5	By executing this form I hereby direct the investment provider identified on this form to liquidate the designated amount of the indicated account and to transfer the proceeds to my San Diego County Schools Fringe Benefits Consortium (FBC) 403(b)/457(b) Custodial Account, except to the extent my current employer or any of my former employers prohibits transferability. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account in a separate account or contract and to transfer the remainder.								
Employee Approval	Employee Signature X	Date							
Custodian Approval	Authorized Representative Signature X	Date							
Signature Guarantee	(If Required) X	Date							
Vendor Instructions	Please provide the following information: 1. Account Balance as of 12/31/88; Post-1988 Contributions 2. Account Balance as of 12/31/86 3. Dollar Amount Breakdown by Each Money Type 4. FBO, Social Security Number, and Account Number 196-80051	Mail to: Fringe Benefits Consortium c/o National Benefit Services LLC P.O. Box 698 West Jordan, UT 84084	Make Checks Payable To: Nationwide Trust Co.						